

# HEARTLAND PARALEGAL ASSOCIATION

P. O. BOX 12413  
OVERLAND PARK, KS 66282-2413

## MEMBERSHIP APPLICATION/RENEWAL

*Applicants must be 18 years of age or older, must never have been convicted of a felony, and must not have violated NALA's Code of Professional Ethics.*

NAME: \_\_\_\_\_ ARE YOU A CLA/CP? \_\_\_\_\_ ACP? \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

PREFERRED MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: Work: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

The above information **will be** published in the membership directory **unless** initialed here: \_\_\_\_\_

## MEMBERSHIP DUES

Membership dues are due May 1 of each year and become late June 1 of each year. Beginning June 1 to July 1, a late fee must be paid in addition to your membership dues. Beginning July 1, a reinstatement fee must be paid in addition to your membership dues. Late fees and reinstatement fees apply to all membership types. \*Late fees and reinstatement fees do not apply to those who are submitting an application form for the first time beyond posted due dates. Payment must accompany this form.

Type of Member	Amount	Due Date
Voting	\$40.00	May 1
Sustaining	\$60.00	May 1
Student	\$20.00	May 1
Associate	\$25.00	May 1
Late Fee	\$10.00	June 1
Reinstatement Fee	\$20.00	July 1

\_\_\_\_ First Time Membership Application (see remainder of form and complete appropriate membership application area)

\_\_\_\_ I am renewing my Membership (see remainder of form and complete appropriate membership area)

## VOTING MEMBERSHIP

Voting membership is open to individuals who meet at least one of the following requirements:

- (1) successful completion of the Certified Legal Assistant (CLA/CP) exam through NALA, or
- (2) graduation from an ABA approved program of study for paralegals, or
- (3) graduation from a course of study for paralegals which is institutionally accredited but not ABA approved, and which requires not less than the equivalent of 60 semester hours of classroom study, or
- (4) graduation from a course of study for paralegals other than those set forth above, plus not less than six months of in-house training as a paralegal, whose attorney-employer attests that such person is qualified as a paralegal, or
- (5) receipt of a baccalaureate degree in any field, plus not less than six months in-house training as a paralegal whose attorney-employer attests that such person is qualified as a paralegal, or
- (6) a minimum of three years of law-related experience under the supervision of any attorney, including at least six months of in-house training as a paralegal, whose attorney-employer attests that such person is qualified as a paralegal, or
- (7) a minimum of two years of in-house training as a paralegal, whose attorney-employer attests that such person is qualified as a paralegal.

\_\_\_\_ I am applying for Voting Membership under # \_\_\_\_ . \_\_\_\_ I am renewing my Voting Membership under # \_\_\_\_ .

Length of Time employed as a paralegal \_\_\_\_\_. Nature/description of your employer (i.e., law office, judicial agency/court, corporate legal department, etc.) \_\_\_\_\_.

Specialty: \_\_\_\_\_

### **ATTORNEY/EMPLOYER ATTESTATION**

*(This section must be completed by all applicants **applying** under voting membership requirements 4, 5, 6 and 7)*

I hereby attest that \_\_\_\_\_ is employed by me and meets the qualifications for voting membership in the Heartland Paralegal Association.

Attorney/Employer Name: \_\_\_\_\_

Signature of Attorney/Employer: \_\_\_\_\_ Date: \_\_\_\_\_

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### **STUDENT MEMBERSHIP**

Student membership is open to individuals who are either full-time or part-time students in good standing in any college, junior college or other school pursuant a course of study as a paralegal.

Name of School Attending: \_\_\_\_\_

Length of Program \_\_\_\_\_

\_\_\_\_ I am applying for Student Membership      \_\_\_\_ I am renewing my Student Membership

\_\_\_\_ My check is enclosed

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **SCHOOL ATTESTATION – Required of all student applicants/renewals**

I hereby attest that \_\_\_\_\_ is currently enrolled in the paralegal program at this school and is not employed as a paralegal.

Name of Program Director or Instructor: \_\_\_\_\_

Director/Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **SUSTAINING MEMBERSHIP**

Sustaining membership is open to those individuals, law firms, corporations and paralegal program representatives who endorse the paralegal concept or are actively involved in the promotion of the paralegal profession and who contribute dues of \$60.00 or any amount in excess thereof.

\_\_\_\_ I am applying for Sustaining Membership      \_\_\_\_ I am renewing my Sustaining Membership

\_\_\_\_ My check is enclosed

Nature of Sustaining Membership (i.e., instructor, law firm, etc.) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **MEMBERSHIP CHAIR USE ONLY**

Date Application Received: \_\_\_\_\_ Application Accepted: \_\_\_\_\_ Denied \_\_\_\_\_

Payment Received: \_\_\_\_\_ Check No. \_\_\_\_\_ Late Fee: \_\_\_\_\_ Reinstatement fee: \_\_\_\_\_